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NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

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NUNC PRO TUNC DECEMBER 17, 2007
NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SUSPENSION OF REVOCATION THE LICENSE OF JOHN G. COSTINO, JR. D.O. LICENSE # 25MB02575800 LICENSED TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF NEW JERSEY	ADMINISTRATIVE ACTION ORDER OF TEMPORARY SUSPENSION

This matter was opened to the New Jersey State Board of Medical Examiners on December 5, 2007 upon application of Anne Milgram, Attorney General of New Jersey, David M. Puteska, Deputy Attorney General appearing, for an Order of Temporary Suspension of the License to Practice Medicine and Surgery in the State of New Jersey of John G. Costino, Jr., D.O. pending the disposition of a plenary hearing on the Verified Complaint. The application was made pursuant to N.J.S.A. 45:1-22. The two count Complaint charges Dr. Costino with multiple violations of the Medical Practice Act in connection with his care and treatment of two patients to whom he prescribed Percocet over seven visits (9 prescriptions in all) and his billing for the visits. The patients were undercover agents. The actions of respondent in the treatment of the two patients, including without limitation, his repeated prescribing of a

Schedule II controlled dangerous substance, Percocet, to each of them, was alleged to constitute the use of dishonesty, fraud or deception, gross or repeated acts of negligence, professional misconduct, engaging in acts constituting moral turpitude or relating adversely to the activity regulated by the Board, indiscriminate prescribing of controlled substances, and a failure to be of good moral character as required for licensure, all in violation of N.J.S.A. 45:1-21 and N.J.S.A. 45:9-6. The conduct was also alleged to constitute failures to comply with regulations of the Board regarding the prescribing of controlled dangerous substances, and other medications, and failures to maintain proper patient records, all in violation of N.J.S.A. 45:1-21(h) and N.J.A.C. 13:35-7.6, 7.1(A), and 6.5.

At the time of the hearing on the Application for Temporary Suspension, on December 12, 2007 counsel for respondent, Edwin Jacobs, Esq., moved for adjournment of the proceedings alleging he had inadequate time to prepare. He acknowledged having learned of the proceeding on November 29, 2007 and having received a copy of the documents supporting the Application for Temporary Suspension on December 6, 2007. He further alleged that a thirty page affidavit included in the exhibits to the Attorney General's application required extensive investigation and that although fifty sworn certifications were filed in response, that was inadequate to fully respond to information contained within the

affidavit.

The State responded by indicating that respondent had been aware of the allegations since his arrest in mid-September of 2007 on charges involving improper drug dispensing that formed the basis for the allegations of the Verified Complaint before the Board and that therefore the specific allegations had been well known to him for some time; that counsel had received complete copies of evidence from the prosecutor's office on November 5, 2007, (respondent acknowledges receipt of those documents as of November 15, 2007), and that due to the emergent and serious nature of the application, there is statutory authority under N.J.S.A. 45:1-22 to hold this proceeding on mere notice, yet more has been provided. Finally, Deputy Attorney General Puteska indicated that none of the allegations or witnesses referred to by Mr. Jacobs stemming from the affidavit are the subject of the December 12, 2007 proceeding or the Verified Complaint which is limited solely to the two undercover agents whose visits to the doctor are outlined in the complaint.[1]

Following deliberations the Board denied the application for adjournment finding that given the serious and emergent nature of the allegations, and as the Board's primary obligation is to protect the public health and safety, and finally, as there is

[1] The Board did not consider in these proceedings information in the affidavit other than that concerning the visits of the undercover agents to respondent.

statutory authorization pursuant to N.J.S.A. 45:1-22 for a hearing on a verified application on mere notice and the provision of certifications, and given the multiple prior precedents for this Board to proceed with a hearing in similar circumstances and with the length of notice herein, the Board would proceed with the hearing regarding Temporary Suspension.[2]

Respondent filed an Answering Certification and attachments on December 11, 2007, as well as an Answer. All documents were submitted to the Board.[3]

At the hearing on the Application for Temporary Suspension before the Board, Deputy Attorney General David Puteska, appearing on behalf of complainant Attorney General, preliminarily asserted that this is a simple case in which on seven separate occasions, nine prescriptions for Schedule II narcotics were provided to two separate undercover agents posing as patients, without complaints of pain and with no legitimate medical complaints, and with the visits being portrayed in such a way by the physician that inflated and fraudulent bills were submitted for the visits. In response, respondent's counsel asserted that he would satisfy the Board that

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[2]A prior application for adjournment of the proceeding presented to Board President Mario Criscito, M.D. had been denied on December 7, 2007.

[3]The Board adjourned for a period of 1 hour solely to review the documents submitted, and had another hour available prior to the commencement of opening statements during which members not finished could review the submissions of respondent.

the criminal investigation undertaken in this matter was not reliable, that his client had prescribed medications for a recognized medical condition, that his client thought the prescriptions were appropriate, that he rebuffed a request for another medication (Oxycontin), counseled against use of unnecessary pain medications, examined heart and lungs, then physically observed the patients. Counsel posited that reasonable physicians can disagree about the writing of the prescriptions in this matter.

The State then presented its case, entering several documents into evidence including a Final Order entered by this Board in May of 1998 regarding respondent in which he was reprimanded in a case alleging sexual activities with two patients while simultaneously prescribing controlled substances to them (Costino-1). Transcripts of each of the seven patient visits alleged in this matter, prescription blanks regarding each visit, and patient records and billing/insurance records regarding each of the visits were offered. Respondent objected to the 4/12/07 transcript of the undercover visit, arguing that it was not an official transcript, that portions indicate "inaudible" and that items have been left out. Deputy Attorney General Puteska offered to play recordings of each one of the patient visits for which transcripts were offered (except for the June 7, 2007 visit for which technical difficulties prevented playing of the DVD present in the room). The Chair

overruled the objection, then entered the transcript of the 4/12/07 undercover visit (Costino-2) into evidence subject to giving it appropriate weight after listening to the appropriate portion of the audio recording. Respondent had no objection to any of the prescription blanks, patient records, or insurance/ billing records submitted, and entered the same objection as to each of the transcripts. The Chair entered all of the exhibits into evidence.[4] The State then played each of the audio recordings for the visits as previously noted. At the conclusion of the playing of each of the audio tapes, all recordings were entered into evidence, and the State rested its case (a list of documents entered into evidence is attached to this order).

In his presentation (via a certification and his testimony before us), respondent took the position as a pain management specialist, his prescription of Percocet to the two undercover investigations was legitimate prescribing for recognized medical conditions, based on what he believed was reliable information provided by the patients. He asserted that his general objective is to regulate, moderate and if possible eliminate drug usage over

[4]The Chair ruled as to each of the transcripts that each was entered into evidence subject to affording it appropriate weight after the audio recording of the visit was played to the Board. As to the June 7, 2007 transcript, after accepting it into evidence, the Chair ruled that counsel's objection could be renewed after all of the recordings were played. The objection was not renewed after the playing of the recordings.

a period of time and that as the two patients presented themselves as being consumers of Percocet for some period of time, (the first acknowledging she was receiving Percocet from a friend, claiming that she wanted to get the medication from a physician), and as the patients were exotic dancers, with one reporting that she needed to "unwind" after five to seven hours of dancing, and then get up the next day and do it all over again, and with the other reporting "...pain, up all night, long hours..." that his conclusion that the patients suffered from acute and chronic Thoracic and Lumbar - sacral strain and sprain to muscles, ligaments tendons and soft tissue, along with lower extremities fatigue, was legitimate, and justified his repeated prescription of Percocet to the patients for analgesia and sedation. Further he asserted that he gave the patients moderate amounts of Percocet, discouraged them from taking Oxycontin when it was requested, and that he knew what dancers do from his life experience as he has seen exotic dancers on T.V., and in movies and that some of his patients are older individuals who danced previously and have told him of problems that they had with the lumbar spine and herniated discs. As he thought these individuals were exotic dancers he felt that he was "totally correct" to prescribe given the facts that were presented to him.

DISCUSSION

Contrary to Dr. Costino's certification and testimony, and at this juncture on the record as now before us, there was absolutely no justification for his prescription of Percocet on a repeated basis to patient T.S. The oral recording of her patient visits and transcript of same make clear, as acknowledged by respondent in his testimony, that there was no report of pain for this patient nor of any problem, and that she merely wished to use the Percocet to "unwind" or relax. Contrary to respondent's claim that he would taper and eliminate the use of the medication, he prescribed Percocet to this patient on seven occasions refilling it in less than the time called for by his own prescription, he increased the dosage and gave double the amount prescribed on the last visit. Most disturbingly, respondent suggests to the patient that the medication is for acute lumbar/sacral sprain and strain (despite the fact he admits that she complained of no pain and she had no such complaint) which he then fabricates as a reason for the prescribing, although his insurance/billing record lists "neck sprain" as the diagnosis. Not only is there nothing to document a thoracic and lumbar sprain, nor a neck sprain, but respondent's history and physical consisted of little more than asking the patient if she had any problems, and examining her heart and lungs and someone taking the blood pressure. There was no review of systems, no taking of family history, none of the usual inquiries

one would expect of an ordinary physician/patient interaction let alone a comprehensive visit for a new patient which was claimed by respondent on 4/12/07. Nor does there appear to be justification for any of the enhanced or expanded patient visits billed for - indeed on the present record, neither the time spent on each visit, nor the content of the visits (particularly considering the time spent discussing non-medical issues such as "clubs" in Las Vegas and Florida, condos and fishing) appear to justify such billing. He acknowledged that he "observed" rather than examined, for example, justifying his failure to examine the abdomen as he saw that the patient was small waisted and could bend from the waist and movements were normal, so he apparently assumed there could be no gall bladder, appendicitis, liver problems or renal issues. Such failure to examine is not acceptable. Although he claimed to have tested the patient's range of motion, what was heard on the audio of the visits and described to the Board was little more than mere observation and his claim that he said "touch your toes" after he "gestured" to the patient is belied by the transcript, and inadequate in any event. He failed to speak to the patient regarding a neurological exam or other elements that one would expect to justify his apparent conclusion that the patient was in pain (without her complaint of same) to justify his prescribing. On this state of the record, we find he did not recognize the simplest elements of drug seeking behavior and allowed this patient

to dictate the prescribing of drugs and then billed for comprehensive exams or enhanced visits and therapeutic decision making. His recordkeeping for patient T.S. similarly is not only deficient but exemplifies his manner of practice in that he acknowledges that he utilizes a "template", that is a copy of his physical exam is made and then inserted and used as if it contained the findings of a physical exam on each visit of the patient. In patient T.S. the chart indicates Rhonchi bilaterally were found, yet he reported to the patient as acknowledged by him and as demonstrated to the Board on the audio and transcript, that her lungs were "clear as a bell" repeatedly. It is this lack of performance of the fundamentals of medical practice, that is, a substandard history, virtually absent physical exam, lack of documentation, and coding, coupled with respondent's willingness to prescribe the most addictive level of controlled dangerous substances, that is a Schedule II drug, Percocet, without appropriate indication or objective findings to support the prescription, that renders him an imminent danger should he be permitted to practice.

Similarly as to patient M.O., while respondent repeatedly refers to the patient's one reference to "pain" in the transcript and audio of her visit, he ignores the subsequent denials of any pain or medical problem which she repeatedly indicates, and as importantly, made no effort to objectively document that there was

any pain in this patient. Importantly, there are absolutely no indications either in the record or the transcript of the acute lumbar sacral sprain and strain which he diagnoses. His claim is that he bases such diagnosis on his knowledge of other patients and on the activities of pole dancing of exotic dancers, rather than on the presentation of the individual patient. Such a method of diagnosis is completely antithetical to fundamentals of medical practice. This appears on the current record to be little more than a charade suggested by respondent to the patients, to "cover" the prescribing of Percocet.

Upon the present record there has been a demonstration of a severe lack of judgment, fundamental knowledge and lack of regard to the basic requirements of the practice of medicine in general and the prescribing of Schedule II controlled dangerous substances with a great potential for harm and addiction without any appropriate medical justification, that we cannot trust respondent to practice in an appropriate fashion. We find, therefore, that his continued practice would present a clear and imminent danger to the public.

The recording and transcripts[5] of patient visits coupled with the patient records identified by the physician and entered into evidence together with the doctor's own testimony regarding his

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[5]Following the playing of the recordings, the recording of the visits in the transcripts appears to be overwhelmingly accurate.

method of practice and his reasons for prescribing, failed to demonstrate any legitimate justification for the prescribing and reveal that respondent's judgment in a variety of areas is fundamentally flawed.

Patients being treated by a licensed physician are owed more than the cursory history indicated as taken by respondent which is little more than asking the patient if she had any problems, with no appropriate history taken. Likewise, respondent described and his records confirm, a cursory, incomplete physical exam consisting of little more than listening to the heart and lungs and merely, "observing", rather than examining the patient. This failure to examine is confirmed on this record by respondent's patient record which he acknowledged included an identical template of his physical exam on every visit of patient T.S. And which, for example, failed to report findings, failed to establish a chief complaint, contain a significant finding of Rhonchi bilaterally which is inconsistent with the finding of lungs as "clear as a bell", which respondent repeatedly told the patient.

Additionally, respondent ignored the drug seeking behavior of patients and prescribed the most highly addictive class of drugs on a repeated basis, without demonstration of medical need on the mere request of one patient to "unwind", and a failure to document objective findings consistent with pain in another patient who while briefly mentioning the word, "pain", then repeatedly denied

having any problem or pain. Such behavior is inconsistent with the basic responsibilities of a licensed physician and shocking behavior on the part of a claimed pain specialist.

The billing of the relatively brief visits including the cursory history and physical exam herein misrepresenting the visits as comprehensive or expanded demonstrates again the failure of respondent to practice appropriately in a variety of contexts.

In sum, the failure to comply with any of the fundamentals noted together with the prescribing demonstrated on this record presents a physician with judgment so flawed that his continued practice would present an imminent danger to the public. No measure short of a temporary suspension would suffice in these circumstances.

IT IS THEREFORE ON THIS 20th DAY OF DECEMBER 2007

ORDERED:

1. Effective Monday, December 17, 2007 respondent's license to practice medicine and surgery is temporarily suspended pending the outcome of a plenary hearing in this manner.

2. Effective upon the oral announcement of this Order on the record on December 12, 2007, respondent shall accept no new patients.

3. Respondent shall, effective Monday, December 17, 2007 cease, desist and refrain from the practice of medicine and surgery in the State of New Jersey until further Order of this Board.

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

By: _____
Mario A. Criscito, M.D., President

EXHIBIT LIST

Costino-1	May 28, 1998 - Final Order I/M/O Costino
Costino-2	April 12, 2007 - Transcript of undercover visit (Ex. 1) (and DVD recording)
Costino-3	Prescription Blank 4/12/07 7.5 mg. Percocet #30
Costino-4	5 pages T.S. patient record 4/12/07 including insurance/billing record
Costino-5	Transcript 5/2/07 undercover visit (Ex. 4) (and DVD recording)
Costino-6	Prescription Blank 5/2/07 7.5 mg. Percocet #30
Costino-7	1 page 5/2/07 T.S. patient record and insurance/billing record
Costino-8	June 7, 2007 transcript of undercover visit (Ex. 7)
Costino-9	Prescription Blank June 7, 2007 10 mg. Percocet #30
Costino-10	1 page T.S. patient record June 7, 2007 and insurance/billing record
Costino-11	Transcript 6/26/07 undercover visit (Ex. 10) (and DVD recording)
Costino-12	Prescription Blank 6/26/07 10 mg. Percocet #30
Costino-13	1 page T.S. patient record 6/26/07 and insurance/billing record
Costino-14	Transcript 7/13/07 undercover visit (Ex. 13) (and DVD recording)
Costino-15	Prescription Blank 7/13/07 10 mg. Percocet #30
Costino-16	1 page T.S. patient record 7/13/07 and insurance/ billing record
Costino-17	Transcript 8/3/07 undercover visit (UC#1 and UC#2) (Ex. 16) (and DVD recording)
Costino-18	Prescription Blank 8/3/07 UC#1-T.S. 10 mg. Percocet #30

Costino-19	1 page T.S. patient record 8/3/07 and insurance/billing record
Costino-19A	8/3/07 patient record M.O.
Costino-19B	Prescription Blank 8/3/07 M.O. 10 mg. Percocet #30
Costino-20	August 23, 2007 transcript of undercover visit (UC#1 and UC#2) (Ex. 20) (and DVD recording)
Costino-21	8/23/07 Prescription Blank T.S. 10 mg. Percocet #60
Costino-22	T.S. patient record August 23, 2007 and insurance/billing record
Costino-23	prescription blank M.O. 8/23/07 10 mg. Percocet #60
Costino-23A	M.O. patient record 8/23/07

JOHN G. COSTINO, JR., D.O.
NJ License # 25MB02575800

ADDENDUM

Any licensee who is the subject of an order of the Board suspending, revoking or otherwise conditioning the license, shall provide the following information at the time that the order is signed, if it is entered by consent, or immediately after service of a fully executed order entered after a hearing. The information required here is necessary for the Board to fulfill its reporting obligations:

Social Security Number[1]:_____

List the Name and Address of any and all Health Care Facilities with which you are affiliated:

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List the Names and Address of any and all Health Maintenance Organizations with which you are affiliated:

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Provide the names and addresses of every person with whom you are associated in your professional practice: (You may attach a blank sheet of stationery bearing this information).

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[1] Pursuant to 45 CFR Subtitle A Section 61.7 and 45 CFR Subtitle A Section 60.8, the Board is required to obtain your Social Security Number and/or federal taxpayer identification number in order to discharge its responsibility to report adverse actions to the National Practitioner Data Bank and the HIP Data Bank.

DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE HAS BEEN ACCEPTED

APPROVED BY THE BOARD ON MAY 10, 2000

All licensees who are the subject of a disciplinary order of the Board are required to provide the information required on the addendum to these directives. The information provided will be maintained separately and will not be part of the public document filed with the Board. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq. Paragraphs 1 through 4 below shall apply when a license is suspended or revoked or permanently surrendered, with or without prejudice. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains a probation or monitoring requirement.

1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

2. Practice Cessation

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension or surrender, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The disciplined licensee may contract for, accept payment from another licensee for or rent at fair market value office premises and/or equipment. In no case may the disciplined licensee authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is suspended, for the payment of salaries for office staff employed at the time of the Board action.)

A licensee whose license has been revoked, suspended for one (1) year or more or permanently surrendered must remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from engaging in the professional practice. The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 days following the the entry of the Order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation, the corporation must be dissolved within 90 days of the licensee's disqualification.

4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of

general circulation in the geographic vicinity in which the practice was conducted. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

5. Probation/Monitoring Conditions

With respect to any licensee who is the subject of any Order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and Inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

NOTICE OF REPORTING PRACTICES OF BOARD REGARDING DISCIPLINARY ACTIONS

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

(1) Which revokes or suspends (or otherwise restricts) a license,
(2) Which censures, reprimands or places on probation,
(3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license(and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A.45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.